## PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Dock t Number

10648276

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                                   |                               |                  | _        | SMALL ENTITY TYPE   |                        |       | OR SMALL ENTITY     |                        |  |
|---|--|---|--------------|-----------------------------------|-------------------------------|------------------|----------|---------------------|------------------------|-------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | (Column 1)   |                                   | Column 2                      |                  |          | RATE                | FEE                    | ſ     | RATE                | FEE                    |  |
| TOTAL OLAMO   |  |   |              |                                   |                               |                  |          |                     | -375.00                |       | BASIC FEE           | 750.00                 |  |
| FOR   |  |   | NUMBER FILED |                                   | NUMBE                         | R EXTRA          |          | DASIO I EC          | -373.00                | OH    | 5,0,0,1,2,2         | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 9 minus 20=  |                                   | *                             |                  |          | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =  |                                   | *                             |                  |          | X42=                |                        | OR    | X84=                |                        |  |
| MU  | LTIPLE DEPEND                                  | DENT CLAIM PI                             | RESENT       |                                   |                               |                  |          | +140=               |                        | OR    | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |              |                                   |                               |                  | TOTAL    |                     | OR                     | TOTAL | 750                 |                        |  |
| A   |  |   |              | ENDED - PART II<br>(Column 2) (Co |                               |                  | <u>L</u> | SMALLE              | ENTITY                 | OR    | OTHER<br>SMALL      |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                      | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | * 9                                       | Minus        |                                   | <b>0</b>                      | ±                |          | X\$ 9=              | 1                      | OR    | X\$18=              |                        |  |
|   | 1  | ٠ ك                                       | Minus        | ***                               | 3                             | =                | 4        | X42=                |                        | OR    | X84=                |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                   |                               |                  | J        | +140=               |                        | OR    | +280=               | $  \   \  $            |  |
|   |  |   |              |                                   |                               |                  |          | TOTAL<br>ADDIT, FEE | -                      | OR    | TOTAL<br>ADDIT, FEE |                        |  |
|   |  | (Column 1)                                |              | (Colu                             | ımn 2)                        | (Column 3        |          | ADDIT. I CE         |                        |       |                     |                        |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |              | HIG<br>NUM<br>PREV                | HEST<br>MBER<br>MOUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | PATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | <b>a</b> ik                       |                               | =                |          | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|   | Independent                                    | *   | Minus        | ***                               |                               | =                |          | X42=                |                        | OR    | X84=                |                        |  |
| [   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIR |   |              |                                   |                               |                  | J        | +140=               |                        | OR    | +280=               |                        |  |
|   |  |   |              |                                   |                               |                  |          | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |
| (2) (2)   |  |   |              |                                   |                               |                  |          |                     |                        |       |                     |                        |  |
| AMENDMENT C   |  |   |              | HIG<br>NU<br>PREV                 | MBER<br>MOUSLY<br>D FOR       | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | 44                                |                               | =                |          | X\$ 9=              |                        | OR    | X\$18=              |                        |  |
|   | Indep indent                                   | <b>-*</b>                                 | _ Minus      | A***                              |                               | 1=               | 4-       | X42=                |                        | OR    | - X84=              |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDE         |   |              |                                   | NI CLAIR                      |                  |          | +140=               |                        | OR    | +280=               |                        |  |
| * If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.   |  |   |              |                                   |                               |                  |          | TOTAL               |                        | OR    | TOTA                |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |              |                                   |                               |                  |          |                     |                        |       |                     |                        |  |